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02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31,

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

			2005
			Estimated average burden
SEC	USE O	NLY	hours per response
Prefix		Serial	1
DATE	RECE	IVED	

Name of Offering ([] check Newton Village Memb				has changed,	and indica	te change.)	
Filing Under (Check box (es) that apply):	[] Rule 504	[x] Rule 505	[] Rule 506	[] Section 4 (6)	[] ULOE	f	AUG 2 2 2002 THOMSON FINANCIAL
Type of Filing: [x] New Filing	Type of Filing: [x] New Filing [] Amendment						
		A. BASIC II	DENTIFICA'	TION DATA			
1. Enter the information req	uested abo	out the issue	er e				
Name of Issuer ([] check	if this is an	amendmen	t and name	has changed, a	and indicia	te change.)	
Newton Village - GE	AC, LLC						
Address of Executive Office (Including Area Code)	es (Nu	mber and S	treet, City, S	State, Zip Code)	Telephone	Number
2421 Washington, Pe	lla, Iowa	a 50219			(641) 6	528-0073	
Address of Principal Busine (Including Area Code) (if different from Executive	·	ons (Numt	er and Stre	et, City, State, 2	Zip Code)	Telephor	ne Number

Brief Description of Business

Development and operation of senior housing facility

Type of Business Organization								
[] corporation	[] limited partnership, already formed	<pre>[x] other (please specify): limited</pre>	liability company					
[] business trust	[] limited partnership, to be formed		4 1 2					
Month Year								
Actual or Estimated Date Organization:	of Incorporation or []] []	[x] Actual [] Estimated	March 29, 2000					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
	CN for Canada; FN for other foreign							
jurisdiction) [] [A]								
OFMEDAL IMOTOLICATION	· · · · · · · · · · · · · · · · · · ·							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners

of partnership issuers; and

• Each general and managing partner of partnership issuers.

Check Box (es) that Apply:	[] Promoter [X	Beneficial [] Owner	Executive Officer	[K] Director [] General and/or Managing Partner	
Full Name (La	ast name first, if	individual)				and the second s
Ewing, Je	ffrey G.	•				
	Residence Addre	ss (Number and	d Street, City,	State, Zip Cod	de)	
939 203rd	Place, Pell	a, Iowa 502	L9			
Check Box (es) that Apply:	[] Promoter [X	Beneficial [Owner] Executive Officer	[k] Director [] General and/or Managing Partner	
Full Name (La	ast name first, if	individual)				
DeVries,	Larry					
Business or R 800 Hazel	esidence Addre Street, Pel	la, Iowa 502	219	State, Zip Coo	de)	
Check Box (es) that Apply:	[]Promoter[x]	Beneficial [] Owner] Executive Officer	[k] Director [] General and/or Managing Partner	
Full Name (La Kraayenbr	ist name first, if ink,Dan	individual)				
Business or R	esidence Addre	ss (Number and	I Street, City,	State, Zip Coo	de)	
713 East 1	lst Street,	Pella, Iowa	50219			
Check Box (es) that Apply:	[] Promoter [x]	Beneficial [] Owner	Executive Officer	[X] Director [] General and/or Managing Partner	
Zylstra, (
Business or R	esidence Addre	ss (Number and	Street, City,	State, Zip Cod	le)	
P.O. Box 3	303, Sulley,	Iowa 50251				
Check Box (es) that Apply:	[]Promoter[]	Beneficial [] Owner	Executive Officer	[] Director [] General and/or Managing Partner	
Full Name (La Van Rheene	st name first, if i en, Chad	ndividual)				
Business or R	esidence Addre	ss (Number and	Street, City,	State, Zip Cod	le)	
1707 Washi	ngton Street	t, Pella, Io	wa 50219			100 mm to 100 mm
Check Box (es) that Apply:	[]Promoter[]	Beneficial [] Owner	Executive Officer	[] Director [General and/or Managing Partner	
Full Name (La	st name first, if i	ndividual)				
Business or R	esidence Addre	ss (Number and	Street, City,	State, Zip Cod	le)	

Chec (es) t Apply		[]	Promo		Benefi Owner		Offic	cutive cer	[] Di	rector [] Gene and/o Mana Partn	or aging	
Full N	lame (l	ast n	ame fi	rst, if i	ndividu	al)				2			
Busin	ess or	Resid	dence /	Addres	s (Nun	nber ar	nd Stre	et, City	, State,	Zip Co	ode)		<u> </u>
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	s the is				the is:					ccredite		No [X]	
		An	swer a	lso in A	Append	dix, Co	lumn 2	, if filing	g under	ULOE			
	nat is th dual?				ment tl	nat will	be acc	cepted [·]	from ar	ny	\$ <u>40</u> ,	,000	
	es the					ership d	of a sin	gle			Yes [X]	No []	
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<u> </u>													
ivame	of Ass	ociai	ea Bro	ker or	Dealer								
States	in Wh	ich P	erson l	_isted	Has So	olicited	or Inte	nds to	Solicit I	Purchas	sers		
•	eck "A es)			or che	eck in	dividu	al			[St] All ates		
[AL] [IL] [MT] [RI]		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	e e
Full N	ame (L	ast na	ame fir	st, if in	dividua	al)			***************************************	222000000000000000000000000000000000000			
Busin	ess or l	Resid	ence A	Addres	s (Num	iber an	d Stre	et, City,	State,	Zip Co	de)		
Name	of Ass	ociate	ed Brol	ker or	Dealer							<u> </u>	
States	in Wh	ich Pe	erson l	isted	Has Sc	licited	or Inte	nds to	Solicit F	Purchas	sers		
•	ck "Ales)			or che	eck ind	dividu	al			[St] All ates		

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Last name first, if individual)													
Busine	ess or	Resid	ence A	ddres	s (Num	ber an	d Stree	et, City,	State,	Zip Co	de)		
Name	of As	sociate	ed Brok	cer or l	Dealer								
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[AL]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS]	[KY] [NJ]	[LA] [NM]	[ME]	[DE] [MD] [NC]	[MA]	[MI]	[GA] [MN]	ates [HI] [MS]	[MO]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify limited liability company membership	\$ 2,000,000	\$_1,540,000
Total	s 2,000,000	\$1,540,000
Answer also in Appendix, Column 3, if filing under ULOE.		

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors	14		\$ 1,540,000
Non-accredited			\$
Investors Total (for filings under Rule 504			-Ψ \$
only)			Ф
Answer also in Appendix, Column 4, if filing under ULOE.			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
rype or offering	Type of Sec	curity	Dollar Amount Sold
Rule 505	Interest	s	\$ 1,540,000
Regulation			\$
ARule	····		-Ψ
504			.\$
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's		[]\$_	
Printing and Engraving		r 1 . \$.	
CostsLegal			
Fees	•••••	[X]\$_	5,000
Accounting Fees	••••	[x]\$_	1,000
Engineering Fees		[]\$_	
Sales Commissions (specify finders' fees		[]\$_	
separately) Other Expenses (identify)		r 1¢	
Total	***************************************	[x]\$_	6,000
o. Enter the difference between the aggregate offering price gresponse to Part C - Question 1 and total expenses furnished response to Part C - Question 4.a. This difference is the "adjubroceeds to the issuer."	in	\$ <u>1</u> .1	994,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	rayment	5 10
	Officers,	Payments
	Directors	
	Affiliates	•
Salaries and	[]	[]
fees	\$	\$ \$
Purchase of real	[]	[]
estate	\$	<u>\$ 290,000</u>
Purchase, rental or leasing and installation and	ı of machinery	. []
and .	\$	\$
equipment		
Construction or leasing of plant buildings a		[]
facilities	\$1,375,0	000\$
Acquisition of other businesses (including	the value of	
securities involved in this offering that ma	v he used in	
exchange for the assets or securities of a	nother innuer []	[]
pursuant to a	strottier issuer \$	\$
merger)		
Repayment of	[]	f 1
	\$	\$
ndebtedness		T
Working	[]	[X]
capital		<u>\$ 285,000</u>
Other	[K]	[X]
(specify): consulting, development,	\$ <u>30,</u> 0	000\$ 14,000
architect, design, legal and	[]	[]
	\$	\$
accounting services	· 	
		i.j
Column Totals	··········· \$1.405.0	[x] 000\$_589,000
Total Payments Listed (column totals		
•	[X] \$_	1,994,000
added)	• •	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Newton Village - GEAC, LLC	Title of Signer (Print of Typ	8-8-02
Name of Signer (Print or Type)	Title of Signer (Print of Typ	e)
Jeffrey G. Ewing	President	